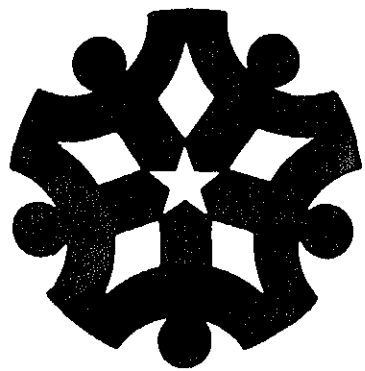


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As chair of the newly-formed White House Working Group on Handicapped Policy, Robert W. Sweet, Jr., has a very large job. He has become the "point man" for the Reagan Administration on handicapped concerns—meeting with "scores" of disability groups, legislators and Federal agency administrators in an attempt to assess the massive and complex Federal effort for handicapped Americans.

It has been a crash course for Sweet, whose background is in education, and who recently served as the Deputy Director of the National Institute of Education. Since President Reagan announced the establishment of the Working Group on April 5, 1983, Sweet has held five meetings of the 20-member group, and has been in constant contact with those working in behalf of the disabled, both in and out of government. "I have not turned anyone away," he notes.

The goal of the Working Group, as laid out by the President, is to 1) encourage programs for the handicapped within the context of the family and the community; 2) promote integration of the handicapped into society, schools, and the workplace; and 3) foster independence and dignity in the lives of handicapped persons. The group, which is made up of Federal agency administrators who have responsibility for the myriad programs for handicapped persons, reports to the Cabinet Council on Human Resources, chaired by Health and Human Services Secretary Margaret M. Heckler.

Sweet sees his job as that of "facilitator . . . to look over the range of programs that exist, to objectively assess where they stand in terms of the overall philosophy of this Administration, and to help in shaping recommendations for structural change, both short and long term, where possible."

The initial task of Working Group members was to identify their programs, budgets and populations served, and to make recommendations "for making their programs more reflective of the President's purpose in forming the Working Group." What Sweet learned from these agency responses was that there are at least 150 programs serving the disabled, with an annual budget in excess of \$40 billion. "And this whole range of programs is not coordinated at all," he added.

"Certainly it is a legitimate role of the Federal Government to serve people with disabilities," said Sweet. "But the big question is, how much of this money and effort actually gets to the end user. The immediate objective of the Working Group is to design a process whereby we can help in the organization of these programs serving disabled people in a way that is consistent with full employment, accessibility, and education.



Robert W. Sweet, Jr., chair of the White House Working Group on Handicapped Policy.

"The disabled people I have talked with are adamant and opposed to the paternalistic attitude of government towards them," Sweet said. "They don't want to be a pendant. They want to work, to participate, to have the shot at the free enterprise system the same as anyone else."

He points out that although there is very little difference between the current number and funding level of programs and the levels during the last year of the Carter Administration, the increases since 1970 have been staggering. "There has to be a setting of priorities," said Sweet. "We have to come up with some creative solutions to keep from going broke."

No firm conclusions or recommendations for administrative or legislative changes have yet been drafted, but Sweet said, "I've seen enough recommendations from credible people to know that there is a lot that can be done. I am grappling with the mechanism to do it." Some possible solutions may come from the five Presidentially-appointed committees that are already in place. The total of 56 appointed members of the President's Committee on Mental Retardation, the National Council on the Handicapped, the President's Committee on Employment of the Handicapped, the Architectural and Transportation Barriers Compliance Board, and the Committee for Purchases and Services for the Blind and Severely Handicapped are "eager to provide us with some answers to these issues," Sweet said.

Perhaps one or more of the members from each

Effective look at the problems of delivery of services to disabled persons and long term structural needs. "In the meantime," Sweet pointed out, "the Working Group could provide them with lots and lots of ideas from the field and from the Federal agencies, which would provide welcomed reforms."

But he is not naive about the chances for reform. Every group that comes in here makes a very good case for their particular program, and there are some very strong lobby groups involved with these issues," Sweet said. "Some changes are possible, others are not."

Sweet conceded that the Administration underestimated the strength of the handicapped interest groups when it proposed changes to the Education for All Handicapped Children Act (P.L. 94-142) regulations. "I think the reason there was such a reaction is that advocates were reasonably fearful that there would be a reversal in the significant inroads they have made."

That is not the case, according to Sweet. "I am convinced that the President and Mrs. Reagan really do care about the problems of the disabled," he said. "The problem has been that somehow we have been missing each other in the night."

To rectify this impression and to help clarify the Administration policy on the handicapped, the Working Group has recommended that President Reagan step up his speaking engagements to handicapped groups. "This will give him a platform in which to say things about programs for the disabled that he truly wants to say," said Sweet. It would also serve to raise the level of debate over handicapped issues and help break down the dependency mindset." The additional public exposure to handicapped concerns would further help remove attitudinal barriers and encourage employers to hire the handicapped.

Wouldn't all this merely be interpreted as a political ploy in an election year, Sweet was asked. "Sure," he responded. "Everything the Administration does or says on handicapped issues will be interpreted that way. But if he doesn't say anything it will appear he is not interested, which is definitely not so."

To the extent possible, Sweet emphasizes that he would like to "de-politicize the process enough so that there are structural changes that are doable, they can be brought about by a bipartisan, cooperative effort." To that end, Sweet is keeping his ear and door open to all recommendations from handicapped groups. He requests, however, that those comments be kept brief. He can be contacted at:

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Room 235 Old EOB
the White House

Will Testifies on OSERS' Priorities

The following statement was given by Madeleine C. Will, Assistant Secretary for Special Education and Rehabilitative Services (OSERS), before the House Subcommittee on Select Education, July 14, 1983.

As I have spoken with parents, handicapped people, advocates and professionals, one basic trend emerges. We have made significant strides towards our goal of full access to equal opportunity for handicapped people, but we have a long way to go. There still remain gaps as well as overlaps in what is envisioned to be a comprehensive service delivery system. Specifically two groups of handicapped youngsters can benefit from improved services. These groups are the very young handicapped children, and the thousands of youngsters who are leaving our secondary schools to seek employment and independence.

When the 1979 Department of Education Organization Act was enacted, it was clear that the basic purpose was to create an OSERS which could better coordinate Federal activity. OSERS has made contributions in this regard and I intend to manage OSERS with the basic goal of coordinated and collaborative service delivery.

Clearly, H.R. 3435, Education of the Handicapped Act Amendments of 1984, recognizes the serious problems which face these children OSERS was created to serve. I received the bill just this week, so I cannot offer you the Administration's views on its specific provisions.

I do, however, concur fully with the bill's emphasis and have identified early childhood intervention and the availability of comprehensive coordinated services to secondary and postsecondary age youngsters as major priorities for OSERS. Obviously, federal money alone is not the key to improving state and local practices. Our resources, like those of states and localities, are limited. However, with available resources we can and intend to do a better job of giving states the benefit of our research and demonstration efforts so they can strengthen their programs. In the area of early intervention, the opportunity to improve children's futures is substantial. We have developed a knowledge base which if more readily available can help state's improve the quality of services. OSERS is now working on two basic strategies to deal with this critical issue.

First, we will use the Handicapped Children's Early Education Program and the resources of the National Institute of Handicapped Research to develop training materials and audiovisual presentations as a systematic effort to develop a partnership with health profes-

sources of the Handicapped Children's Early Education Program toward a major initiative which will place information in the hands of decision makers at the state and local level. I firmly believe that the effectiveness of early intervention is so clearly documented that state and local policy makers and service providers will see the benefits and move to develop more responsive and comprehensive services when a full awareness of its tremendous potential is achieved.

I have first-hand knowledge of the benefits of early intervention and the reports of studies into this area resoundingly confirm my personal views. Early intervention can actually reduce the number of children needing special services, save millions of dollars, and even save families.

Unlike problems which we often confront, we currently know what can be done to increase the availability of early intervention. The Handicapped Children's Early Education Program is currently funding many projects dealing directly with solutions to early diagnosis, coordination of services, and effective interventions. We are presently funding three Early Childhood Institutes which are addressing diagnosis, coordination, and teaching directly. In addition, over half of our demonstration projects are developing models for the birth-to-two year old population. Many of these projects are working directly with pediatricians, neonatologists, and nurses in nurseries.

I believe we can bring this expertise and experience to bear on this serious problem and, in the near future, see a dramatic change for the better for all of us.

In the area of secondary/post-secondary handicapped students the solutions are more difficult to identify. Because pieces of the solution are in place and many of the services are available, the challenge is one of helping states and localities create an integrated service delivery structure from a variety of resources.

By accepting this challenge of assisting in the development of integrated services we can move into the area of what I call continuous habilitation which is a long term endeavor requiring sustained effort over the next several years. While I believe this is a tremendous challenge we must confront it. If we do not we will lose the opportunity to ensure that handicapped children can attain their full potential as contributors to American society.

The success of the public schools in providing access to education for handicapped children is well-documented. However, in order to establish a stable foundation for a system built upon the concept of continuous habilitation, several persistent problems must be immediately confronted and resolved. Some of these problems are specific to special education, while others emerge as a function of educational needs merging

Contemporary wisdom, recent legislation and emerging practice emphasize a service delivery system based upon the needs of handicapped individuals who are leaving the public school system to confront a society which makes complex demands for which handicapped youngsters could be better prepared.

Education, vocational training, and rehabilitative services have been developed as self-contained systems each of which is engaged at a certain time in the life span of a handicapped individual. Only in rare instances do the independent systems recognize that they contribute to the way in which we must begin to program continuous habilitation.

Even though I have concentrated my remarks on the problems which currently exist, I do want to assure you that progress has been made and that there are several excellent models which can serve as guides to action.

Work at the University of Oregon and the University of Washington has shown that the application of a behavioral analytical approach to the teaching of specific job tasks has enabled moderately and severely handicapped individuals to secure competitive employment.

The University of Wisconsin-Madison in cooperation with the Madison Metropolitan School District has developed a program based upon coordination with local adult service providers and employers which allows to longitudinal, systematic planning into the world of work. This coordination between public school personnel, employers, and adult service providers begins in the middle school, increases during secondary school, and has resulted in startling increases in the number of severely handicapped students who are employed in non-sheltered environments.

Also, the Rehabilitation Services Administration and the Office of Special Education Programs have jointly funded a project to identify successful models which coordinate rehabilitation and educational services.

These models and others can assist us in solving some of the complex service delivery problems within a reasonable period of time. However, a number of clear disincentives to continuous habilitation may remain outside of OSERS' direct control. In these instances there may be need to increase cooperative federal, state, local, and private sector initiatives to design long term solutions and to analyze the need for joint responses. I will work closely with the Secretary to ensure that the Department's legislative and budget proposals reflect these priorities.

I believe we can meet these challenges and every source available to OSERS will be used to do so.

Transition Programs As Most Pressing Needs

Are independent living services cost effective? Emphatically "yes," says a new report from the Rehabilitation Services Administration (RSA), which offers "snapshot" profiles of 13 Region V Centers for Independent Living Services (CILs) and their clients.

The report, *The Economic and Societal Benefits of Independent Living Services*, gives a brief description of the funding sources, services provided, disabilities served and status of 10 RSA funded CILs in Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin. Most enlightening, however, are the individual client "success stories," which document striking reductions in cost after clients received independent living services.

There is Melanie, for example, a 42 year-old with a long history of mental illness who has been hospitalized numerous times. Her State hospital cost, including psychiatric care and medications, came to more than \$43,000 a year. But under a closely supervised independent living program, her total cost to the State came to only \$720, or a remarkable 98 percent reduction in cost.

There is also Emily, mentally retarded with severe visual impairment, whose cost dropped 73 percent under an independent living program; and Marjorie, who has a progressive neuromuscular disease, and whose cost dropped 68%; or Dan, a quadriplegic, whose costs were reduced 39 percent.

Some of the client profiles show a cost increase, but as the report notes, "the greater outlays represent a short-term expense for training and/or medical and personal-care assistance that will ultimately result in real independence through employment. In others, what has been achieved is an improvement in quality of life . . ."

The report concludes that "expenditures made through the independent living movement are cost effective in the best and broadest sense." But it also points out that, "If any lesson can be drawn from these accounts, it is that there is no single way to assess the value of the multi-faceted independent living movement."

Most of the CILs studied in this report receive RSA grant funds on a contract basis from the State Vocational Rehabilitation agencies. The majority of centers are consumer-based, consumer-managed and consumer-staffed. Many are free-standing, private, nonprofit corporations and are not affiliated with established organizations or agencies.

Copies of the report are available for \$1.50 each from the National Clearing House of Rehabilitation Materials, 115 USDA Building, Oklahoma State University, Stillwater, OK 74078.

Preschool and transition programs from school to employment were cited as the most pressing needs of handicapped youth by a Parent Group Round Table, convened August 2-3, by the Department of Education's National Information Center for Handicapped Children and Youth (NICHCY).

The two-day conference included representatives of more than 30 parent groups across the country whose purpose was to share materials, activities and methods of operation, as well as to provide a forum for exchanging perceptions of parent interest and needs, and eliciting a consensus about which needs can best be addressed by the NICHCY and other national level resource groups.

Each representative gave a 10-minute presentation on their organization. Small work groups met later to discuss needs and strategy, which were reported on and refined during a plenary session.

While the primary needs expressed were for preschool and transition programs, parents also discussed handicapped infant intervention, community based services and the active role of the parent in helping to improve the quality of services and education.

Madeleine C. Will, Assistant Secretary for Special Education and Rehabilitative Services (OSERS), informed the Round Table that she had identified three priorities of service and research for OSERS: improve services to handicapped children from birth to two years of age; implement a process of "continuous habilitation," which calls for the coordination of education, vocational training and rehabilitative services; and make this continuous habilitation the responsibility of the entire community.

"I value your help, and I know your potency from my perspective of being both a parent and an administrator," Will told the group. "I need the advice of informed parents as well as professionals. I need support, with decision makers and with community organizations, of parents who know what is needed and how to initiate it. In short, I need the strength of a parent constituency—a group that is united in purpose and resolve—to assist in changes in services to handicapped children, youth and adults."

Independent Living Survey Reveals Technology Needs

The need for improved technology in vocational training and employment was the number one priority expressed by 128 Independent Living Centers (ILCs) and programs that provide independent living services recently surveyed by the Research and Training (R&T) Center on Independent Living at the University of Kansas.

This preliminary result of the "Survey of Technology Needs in Independent Living," published in the Center's *Independent Living Forum*, Vol. 1, No. 1, 1983, was somewhat surprising since IL services are chiefly concerned with areas other than vocational training and employment and since few of the programs provide this service directly. The Center concludes that "this finding may reflect the overall employment problem these days, or a general dissatisfaction with existing vocational rehabilitation services."

The Center also noted that "many of the top problems reported are related to action in and by the community (e.g., improved transportation and housing, greater community support and resources for Independent Living, greater consumer involvement in the community) rather than to specific services for consumers."

Survey respondents also voiced a need for improved measures of their own effectiveness, and a more secure base of resources with which to maintain and improve their effectiveness.

On the other hand, programs expressed relative satisfaction with existing technology related to staffing, with methods for promoting consumer involvement, and with procedures for fiscal management/accountability and case management. "In general, it would appear that technology development is a higher priority for consumer services than for program organization," the Center said.

Additional analyses of the survey are underway and will be reported as they become available. The outcome of the survey will be used to guide the R&T Center's training activities intended to improve utilization of existing technology, and help direct future research to develop the additional technology needed by the field.

Information about the newsletter, *Independent Living Forum*, is available from: Research and Training Center on Independent Living, 2422 Hawthorne Hall, The University of Kansas, Lawrence, KS 66045.

Health Care Costs Soaring, Says HHS

The nation spent an estimated \$322 billion for health care in 1982, an amount equal to 10.5 percent of the Gross National Product, according to the Department of Health and Human Services. It was the first time health costs exceeded 10 percent of the GNP.

"Health spending in 1982 was 12.5 percent higher than in 1981, growing three times as fast as the Gross National Product," HHS Secretary Margaret M. Heckler said.

"Slowing the growth of health care expenditures is a top priority of this Administration. This fall we will put into place the prospective payment system for hospital cost reimbursement under Medicare. This is a major element of the President's recommendations to curtail the nation's rising health care bill," Heckler said. She pointed out that additional recommendations, known as the Health Incentives Reform Act, have been submitted to Congress.

"More must be done to contain rising health care costs while protecting the quality of care and the viability of programs which the poor and elderly rely upon to meet their basic health care needs," stressed Secretary Heckler.

Health spending from all sources in 1982 amounted to \$1,365 for every man, woman and child in America. That amount, \$579, or 42.4 percent, represented spending by federal, state and local governments. The comprehensive health spending estimates were compiled by the Health Care Financing Administration, which oversees the Medicare and Medicaid programs.

The full report is contained in the Fall 1983 *Health Care Financing Review*, Vol. 5, No. 1, available at \$6 a copy from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402.

HHS Proposes New Regulations For Screening and Treatment

Declaring that "early medical attention is crucial for the health of America's children," the Department of Health and Human Services (HHS) has proposed new regulations for the federal program that provides medical screening and treatment for certain children.

Reports Profile Rural Disabled

The specific needs of the rural disabled are the subject of a two-part project commissioned jointly by the National Institute of Handicapped Research (NIHR) and the Rehabilitation Services Administration (RSA). *Rural Rehabilitation: A State of the Art* by Michael Leland and Mary Jo Schneider, is a comprehensive overview of the existent literature on the characteristics and problems of the rural disabled. The second report, *Disability in Rural America: A Four County Needs Assessment* by Onohundro, Schneider, Marr, and Grannemann is a survey of the little known needs and characteristics of white, black, American Indian, and Mexican American residents of four rural counties.

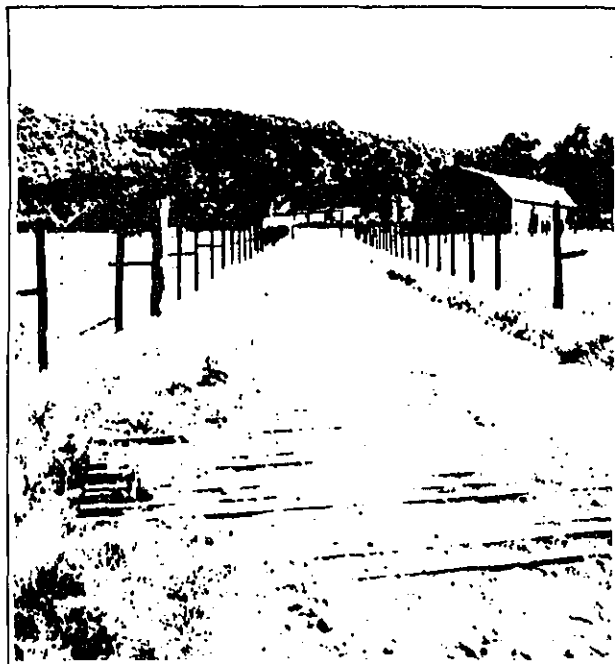
The 8.5 million rural disabled Americans share some alarming socio-economic statistics. They tend to have a lower family income than the general population, less education and far fewer job opportunities. In addition they suffer from inadequate housing for disabled persons, a severe shortage of health personnel, an almost complete absence of health care facilities, and poor to nonexistent transit systems. While rehabilitation services have experienced a general expansion nationally, this is not true in rural America. Rural service provision is marked by "arbitrary, isolated efforts that have met with mixed success."

This bleak picture is due in part to the lack of specific information about rural disabled people and in part to the natural geographic isolation of small rural communities. Tax revenue is severely limited in rural areas and does not stretch far enough. Employment opportunities for the entire rural population are limited. Those with employment must often travel great distances to their jobs.

Lack of education is another barrier to improving conditions for the rural disabled. But the process of attracting qualified special education teachers to rural areas has been difficult and the tax base does not cover the expenses of a widespread special education system.

A variety of innovative steps have been taken within the last few decades to solve some of these problems. But they have been stimulated by foundation and federal funds and have usually been isolated projects.

In concluding their overview, authors Leland and Schneider caution, "Before a cost efficient, effective, service effort can be mounted, a detailed needs assessment of the rural disabled, as well as a survey of current resources and major service deficiencies, should be



four rural counties. The findings in this survey confirm many of the general notions contained in the overview, and shed new light on the perceived needs of the rural disabled.

In the areas of health, education and income, the respondents shared a common plight. Most reported an income under \$6,500 a year, few had gone beyond eighth grade, and fewer than 10 percent of all respondents reported receiving professional treatment for their health problems.

The socio-economic situation of these disabled rural residents is further complicated by rural education and employment factors. Rural economies include a large number of manual labor jobs and formal education is less valued than physical strength. Therefore the disabled male is left with few employment options.

The survey documented an extremely low rate of awareness of rehabilitation services and a very low rate of application among those who were aware of such services. *Rehabilitation services have historically had a strong vocational emphasis.* However, those surveyed expressed the strongest need for counseling and independent living services.

Productivity was not perceived as employment outside the home by those surveyed. For most it meant being able to perform the manual labor around their homes—planting a garden, chopping wood, feeding livestock, etc. Many of those interviewed had never really considered finding a job outside of their homes or pursuing a career as the general population interprets that term.

needs, such as equal access, attendant care, modified housing, and counseling services accounted for most of the concerns documented by this assessment."

Recommendations for future rehabilitation programs in rural areas covered four points: 1) provide services that address the needs of the rural disabled persons as they perceive them; 2) be consistent with the realities of rural employment opportunities; 3) be suited to the rural concepts of productivity and selfworth; and 4) adequately inform potential clients of the appropriateness of their services in meeting client needs.

Copies of the two reports are available as follows: *Rural Rehabilitation: A State of the Art* (\$2.); and *Disability in Rural America: A Four-County Needs Assessment* (\$3.). Make checks payable to the Arkansas Rehabilitation Research and Training Center and send to: Publications Department, ARR&TC, P.O. Box 1358, Hot Springs, AR 71901, (501) 624-4411.

Rural Special Education Training Modules Being Field Tested

Nine new rural special education preservice training modules have been developed by the National Rural Project of Murray State University, Murray, KY, and are being field tested this summer and fall by more than 30 universities. Recommendations from the universities will be incorporated into the final training curricula offered to rural special educators.

A National Conference for Trainers of Rural Special Educators was held in March 1983 to familiarize university faculty members with the training modules, and offer them an analysis of current rural special education training ideas.

Funded by Special Education Programs, U.S. Department of Education, the National Rural Project is field testing the following curriculum modules:

- The State-of-the-Art of Rural Special Education
- Alternate Instructional Arrangements and Delivery Systems for Low Incidence Handicapped Students in Rural America
- A Rural Preservice Simulation
- Solving Rural Parent-Professional Related Dilemmas
- Working With Parents of Rural Handicapped Students
- Involving Citizens and Agencies of Rural Communities in Cooperative Programming for Handicapped Students
- Working With Peer Professionals in Rural Environments
- Creating Resource Identification for Providing Services to Rural Handicapped Students
- Solving Educational Dilemmas Related to School Ad-

Marketing Vocational Rehabilitation

Applying the theory of marketing to the vocational rehabilitation field is receiving serious thought as budget cuts, recession, client demands, and competition from other rehabilitation systems exert pressure on the national vocational rehabilitation program. Utilizing the marketing approach in not-for-profit industries is not a new idea. It was originated in the late 1960's. What is new is the great success some nonprofit organizations, notably universities and hospitals, have had in marketing their organizations' goals.

Vocational rehabilitation (VR) programs have some unique organizational goals, however, and fitting the marketing process to them is difficult without some guidelines. Three new publications provide insight into the theory of marketing as it applies to VR, give specific examples of how to proceed with this approach, and offer some thoughts on the problems which may arise, as well as recommendations for changes in policy, management, placement and follow-through which will be needed.

Rehabilitation in the Public Mind: Strategies of Marketing (the report of the proceedings of the Seventh Mary E. Switzer Memorial Seminar) edited by Leonard Perlman, is available at \$10 from: Switzer Memorial Fund (Monograph # 7), National Rehabilitation Association, 633 S. Washington Street, Alexandria, VA 22314, (703) 836-0850.

The focus of the Switzer Seminar was on marketing the process, development and policy decisions. Action papers were solicited from participants in the seminar covering such areas as "Current Perceptions of Rehabilitation in the Public Mind" and "A Conceptual Framework of Marketing As It Deals with the Rehabilitation Process."

The seminar provided a forum to discuss each of the basic issues in depth, through both plenary and small group sessions. The three-day program culminated in a number of recommendations for action in the areas of policy and program development, service delivery, research, training and legislation. The format of the monograph closely follows the seminar. Each Action Paper appears as a chapter and includes a section on reviews and comments and a final section on recommendations and implications for action.

Marketing: A How-to Book for VR, by Jinny Spann, is

By Don Barrett, Clearinghouse on the Handicapped

The disabled elderly population represents one of the biggest challenges facing the providers of health care and social services today. According to the 1979 National Center for Health Statistics Survey, over 80 percent of older persons have at least one chronic handicapping condition.

Arthritis, hypertension, hearing impairments, heart conditions, visual impairments, and diabetes head the list of disabling conditions reported in 1979. And some type of mobility impairment was found in 10 percent of persons age 65 to 74, 35 percent of those 75 to 84, and 70 percent of persons over age 84. Barring unforeseen advances in the medical field, the future can only bring a continued increase in America's disabled elderly population.

The primary reasons for the prevalence of disability among the elderly is a 27 year increase in the average life expectancy of Americans since the turn of the century—from 47 years in 1900 to 74 years in 1980, as reported in the article, "Physical Disability and Public Policy" by Gerben DeJong and Raymond Lifchez (*Scientific American*, June 1983). As a result, the population of older persons has increased eight-fold from three million to over twenty-five million. One out of every nine persons is presently 65 or older. By the year 2000 the ratio will increase to one out of every eight persons, an increase of 32 percent (32 million persons).

Major advances in medicine such as the introduction of sulfa drugs, penicillin and other antibiotics have played a major role in increasing life expectancy. Unfortunately, older does not mean healthier and the prolonging of lives brings with it an ever increasing risk of disabling disease. These advances have also increased the life spans of those individuals disabled at an early age.

To further complicate the situation of the elderly, the average income for older persons is only about one-half that of persons under 65 years of age. According to a national advocacy group of older Americans, non-Medicare covered medical expenses are one of the leading causes of bankruptcy in older persons today.

Given the unique physical, psychological, social, and financial limitations under which many older individuals with disabilities find themselves, the need for specialized information and services is obvious.

What follows is a list of information resources offered by agencies, voluntary organizations and publications on the disabled elderly. Databases will be explored at a later date. In presenting this information, we have deliberately kept a narrow focus. Although we have excluded information on mental disabilities, which are

frequently associated with aging. The organizations listed are only those which provide information on the handicapping conditions most common to older persons (e.g., diabetes, arthritis, hypertension and Alzheimer's disease).

Agencies: General

Administration on Aging, Department of Health and Human Services, 330 Independence Avenue, S.W., Washington, DC 20201, (202) 245-2158.

Although many federal agencies are involved to some degree in providing services to elderly persons, the Administration on Aging (AOA) is the principal agency concerned with identifying the needs, concerns, and interests of older persons. AOA provides technical assistance to other agencies at the local level primarily through referral to their state and area agencies on aging. These local agencies offer programs and services to elderly persons, both disabled and nondisabled, and provide information concerning various programs for which individuals are eligible. Area agencies on aging are listed in local telephone directories under county or city governments.

National Long-term Care Channeling Demonstration Program, Department of Health and Human Services (HHS), Office of the Secretary, Assistant Secretary for Planning and Evaluation, SSP/DALTCPD, Room 433F, Hubert H. Humphrey Building, 200 Independence Avenue, S.W., Washington, DC 20201, (202) 245-6172. Mary Harahan, Program Manager.

In recognition of the large and rapidly growing need for long-term care for the functionally impaired elderly, HHS has funded a major demonstration project to test the feasibility and cost-effectiveness of an alternative community-based long-term health and social service delivery system. Specifically, the Channeling Program is testing an approach that offers a central point of intake for disabled elderly clients, systematic assessment of their needs, and ongoing case management to arrange and monitor the provision of various services.

The program is now being implemented in ten states, and is directed to persons 65 and older who are functionally impaired, unable to manage the essential activities of daily living on their own, and without adequate informal support (family, volunteer groups, etc.).

A uniform evaluation of all ten sites is being conducted during this four-year demonstration project to determine: 1) Does channeling enable clients to live in less restrictive settings by substituting community-based care for institutional care? 2) Does channeling maintain reliance on informal supports and reduce the psycho-

until 1985, fact sheets describing the program can be obtained from the above address.

Rehabilitation Research and Training Center on Aging, Department of Physical Medicine and Rehabilitation, 2U Nursing Education Building S2, 420 Service Drive, Philadelphia, PA 19104, (215) 662-3700 or (215) 898-5675.

Working under a five-year grant from the National Institute of Handicapped Research, the Center was established to conduct research and to develop materials to improve the quality of life for elderly disabled persons. The Center has established two broad research aims: 1) to understand the relationship between the psychosocial and medical needs of the aged disabled individual, and 2) to determine the rehabilitation interventions that will enable the handicapped elderly person to live as independently as possible in the community.

The Center has concentrated its research efforts in two main core areas: 1) bio-psychosocial research concerned with the rehabilitation of elderly handicapped persons, and 2) identification of target populations of the elderly for whom rehabilitation services are appropriate and effective.

These core areas have formed the basis for a number of projects such as: "Psychosocial Status of Families Caring for Impaired Aged," "Cognitive Rehabilitation of Aged Stroke Patients," "Psychosocial Issues Surrounding Hip Fractures in Older Persons," "Computerized Assessment System for Rehabilitation Patients," and "Early Labor Force Withdrawal of Older Workers for Health Reasons."

Project reports describing completed research are available from the National Rehabilitation Information Center, 4407 8th Street, N.E., Washington, DC 20017, (202) 635-5826.

Research and Training Center staff provide technical assistance and consultations at the national or local level via telephone response to inquiries, on-site visits, or meetings at the Center. A quarterly newsletter—available at no charge—covers information about the Center's involvement in the provision of services to the handicapped elderly and progress in Center research and training activities.

In addition, the Center also maintains a library of approximately 25 audiovisual materials on the rehabilitation of the aged, which are loaned at no charge to community groups, centers for the aging, and other allied service and information providers. A free audiovisual catalog and brochures on workshops and conferences are available upon request.

Rehabilitation Research and Training Center on Aging,

needs of the older adult, 2) conducting training for rehabilitation professionals, particularly students in the medical, allied health and rehabilitation counseling fields which address the unique characteristics of older persons with disabilities, 3) the production of training materials, and 4) the dissemination of training, research, and best practice information to appropriate audiences.

The Center has established three core research areas: 1) mental health among the disabled elderly, rehabilitation problems of the minority elderly, and maximizing functional abilities in the disabled elderly.

Research projects that have grown out of these core areas include: "The Evaluation of the Effectiveness of a Multi-Disciplinary Group Program for the Physically Disabled Elderly," "Dementia and Depression in Parkinson's Disease," "An Assessment of the Rehabilitation Physical, and Mental Health Needs Status of the Elderly Hispanic: A Representative Sample," and "The Effects of a Home Versus Clinic Center Treatment Program on Physical Mobility Program Compliance," and "Personal Attitudes Among Disabled Older Adults."

The Center is presently developing a *Handbook on the Treatment of Dementia*, which will assist physicians in the treatment of psychiatric disturbances in elderly persons. This handbook is comprised of a workbook and videotape series.

The Center is also developing a handbook for allied health professionals entitled *Special Considerations for the Older Adult in Rehabilitation*. These materials will be available soon and interested persons may contact the Center at the above address to be placed on the mailing list for further information.

The publication *Conference Proceedings: Assessment of the Rehabilitation, Physical, and Mental Health Status of the Elderly Hispanic* is available for \$4.95 plus \$1.50 postage and handling from: Professional Staff Association, Rancho Los Amigos Hospital, 7413 Golden Drinas Street, Downey, CA 90242.

National Council on Aging (NCOA), Inc., 600 Maryland Avenue, S.W., West Wing 100, Washington, DC 20022, (202) 479-1200.

NCOA is a national nonprofit membership organization for professionals and volunteers and is involved in matters affecting the quality of life of older persons. NCOA conducts research, undertakes demonstration programs, sets standards and promotes coordination efforts to serve the aging through other agencies and organizations.

The Council's membership includes individuals, voluntary organizations, business organizations, and other information and service providers. Through its member

organizations serve as resources and respond to inquiries in their areas of concern. Affiliation with membership organizations is open to all NCOA members.

Members include such organizations as National Voluntary Organizations for Independent Living, Aging, National Institute on Adult Day Care, the National Institute of Senior Centers, the National Center on Aging, and the National Institute for Senior Citizens. NCOA publications concerned with disabled persons are listed in the bibliography accompanying this article. A complete list of NCOA publications is available from the Council on Aging. Information about membership in the Council is available from the above address.

Agencies: Specific

American Diabetes Association, Two Park Avenue, New York, NY 10016, (212) 883-7444.

The American Diabetes Association (ADA) is a national membership organization for lay and professional health care workers throughout the country. The ADA supports research into the causes, treatment, and prevention of diabetes, and sponsors professional, patient, and public education programs in order to enhance the quality of life for persons with this condition. ADA also publishes lay and professional periodicals and a number of pamphlets that cover such topics as diet, the management of diabetes, the use of insulin, and travel tips.

Local affiliates sponsor a number of activities designed to help the diabetic patient and the family, including referrals to local sources of treatment and assistance.

Diabetes Information Clearinghouse (NDIC), National Diabetes Information Clearinghouse, Bethesda, MD 20205, (301) 496-7433.

NDIC, a service of the National Institute of Health, organizes, updates, and disseminates information about diabetes programs and materials to health care workers, patients, and the public. Reference and references are provided in response to requests for information. The Clearinghouse publishes annotated bibliographies of lay and professional materials on specific areas such as foot care, diet and nutrition, exercise, educational materials, materials for the health care provider, and Spanish language materials.

Products available from the Clearinghouse include *Diabetes Dateline*, a bimonthly newsletter; the *Red Book Directory for People with Diabetes* which lists federal programs that provide services and financial assistance to persons with this condition; and the *Diabetes Dictionary* which defines in lay terms over 1000 terms concerned with diabetes and its related disorders. There is no charge for these publications.

American Heart Association (AHA), 7320 Greenville

Avenue, Dallas, TX 75226, (214) 761-2121. The AHA disseminates this information to lay and professional persons through its publications and the media.

AHA's 2,000 local affiliates act as information and referral centers referring individuals to such local services as stroke clubs, acute stroke treatment centers, cardiac rehabilitation units, dietitians, smoking cessation classes, and diet workshops.

Public education and community programs focus on the early recognition, diagnosis, and treatment of cardiovascular diseases. Topics include risk factors, early warning signs of heart attack and stroke, control of high blood pressure, and cardiac and stroke rehabilitation.

AHA publishes a number of periodicals for physicians, nurses, researchers and other professionals on the various aspects of successful rehabilitation programs, exercise testing and training, and other topics.

Inquirers are encouraged to begin their search for information and services by contacting the local AHA office.

National Heart, Lung, and Blood Institute, National Institutes of Health, Department of Health and Human Services, Building 31, Room 4A21, Bethesda, MD 20205, (301) 496-4236.

This Institute funds numerous research projects throughout the country on diseases of the heart, blood vessels, diseases of the lungs, and related topics. A large amount of information is disseminated through its Public Inquiries and Reports Branch. All information activities are aimed at reducing illness and death from heart, lung, and blood diseases. Advances in research are translated through press conferences, pamphlets, fact sheets, exhibits for use by professional and lay audiences, audiovisual materials and special projects. Numerous professional and lay publications are available from the Institute.

The Institute operates the National High Blood Pressure Information Center which answers public inquiries and disseminates free educational materials and reprints from professional and lay periodicals.

Arthritis Foundation, 1314 Spring Street, N.W., Atlanta, GA 30309 (404) 872-7100.

This Foundation supports a number of arthritis clinical research centers which are involved in treatment and research into the cause and cure of this condition. The Foundation disseminates information about new drugs and therapies to its approximately 70 chapters and to professionals in the arthritis treatment field. A variety of lay and professional pamphlets are also available from the Foundation's local chapters which maintain lists of local specialists and community services for persons with arthritis and make referrals upon request.

Arthritis Information Clearinghouse, P.O. Box 9782, Arlington, Va 22209, (703) 558-8250.

Part of the National Institutes of Health, the Clearinghouse is designed to assist health professionals in identifying materials for professional and patient education. The Clearinghouse maintains a computerized database from which bibliographies, reference sheets, and catalogs are compiled and distributed. AIC serves as a referral organization for health professionals. When appropriate, patients and the public are referred to the Arthritis Foundation.

Alzheimer's Disease and Related Disorders Association, 360 North Michigan Avenue, Chicago, IL 60601, (800) 621-0379; in Illinois (800) 572-6037.

The Alzheimer's Disease and Related Disorders Association was established in 1979 to provide a national network for the collection and dissemination of information about this disorder. Its four major goals of family support, support of research, public awareness, and community education are implemented by the national office and the approximately 80 chapters located in most states throughout the country. Each chapter maintains lists of local family support groups which provide counseling and other services to families and patients with this condition. Persons calling the national office are sent a free information packet and are referred to the closest chapter. Individuals may also request to be placed on the mailing list for the Association's free quarterly newsletter.

In addition to public awareness and community education campaigns and TV programs, the Association has developed five films on the disease which may be borrowed by health care and other institutions from local chapters. Also, modest research grants are provided to individuals working to understand the cause and cure of this condition.

Literature and local chapter information may be obtained by calling the toll-free number listed above. For information on research grants, media activities, and other complex topics, inquirers may call the Administrative Office at (312) 853-3060.

Publications on Disabled Elderly: General

Working with the At-Risk Older Person: A Resource Manual by Bella Jacobs, 1981, 450 pages, \$20. National Council on Aging, Inc., 600 Maryland Avenue, S.W., West Wing 100, Washington, DC 20024, (202) 479-1200.

This compilation of readings provides a comprehensive background for planning and implementing various services for disabled or frail elderly persons. It covers such topics as identification of the at-risk elderly, programming for human needs, community support systems, sensory changes in the elderly and the develop-

This bibliography contains citations of various materials published between 1977 and 1981, and indexed for the former Service Center on Aging Information (SCAN) bibliographic database of the former National Clearinghouse on Aging. The SCAN system contained information on materials from a vast array of public and private resources concerned with the aging population. The bibliography was produced through a search of the SCAN database.

Geriatric Rehabilitation Audio-Visual Resource Catalogue, 125 pages, \$11.50. Ms. Fran Kern, Publications Chairperson, American Physical Therapy Association, Section on Geriatrics, 16633 Ventura Boulevard, Suite 1250, Encino, CA 91436.

This catalog was prepared for physical and occupational therapists, nurses, nutritionists, physicians, and other rehabilitation professionals. It lists and describes 328 films, film strips, audio and video cassettes, record albums, slide/tape series, and videotapes which deal with topics related to geriatric rehabilitation. The names and addresses of distributors are included. Also available from the Section on Geriatrics is a quarterly newsletter, *Geritopics*, available at \$14 for one year, \$25 for two years. It highlights meetings, information, and resources for physical therapists and other health providers working with the elderly disabled.

Journal of Rehabilitation: Special Issue on Aging, Vol. 47, #4, Oct.-Nov.-Dec. 1981, 96 pages, \$6.50. National Rehabilitation Association, 633 South Washington Street, Alexandria, VA 22314, (703) 836-0850.

Various aspects of the rehabilitation of older persons with disabilities are discussed in this issue of the Journal. It covers such topics as the rehabilitation process and the older person, health problems of the elderly, the rehabilitation of mentally ill older persons, theories of aging, training for rehabilitation professionals in working with the aged handicapped, leisure counseling for older disabled persons, sexuality and the elderly, and research considerations.

Books for the Professional and Public on Health, Fitness, and Aging, 1983, 39 pages, free. Center for the Study of Aging, 706 Madison Avenue, Albany, NY 12208, (518) 465-6927.

This catalog lists and describes numerous books available from the Center dealing with the specific needs and concerns of the disabled elderly. It lists such books as *Policies and Procedures of a Cardiac Rehabilitation Program*, *Geriatric Psychotherapy*, *Medicine, Neurology, and Psychiatry: the Aging Brain*, *Respite Care for the Frail Elderly: A Summary of Research and Operation Manual*, and *Medical Devices and Instrumentation for the Elderly*.

causes of loss of hearing, vision, taste, and smell in elderly people. It suggests ways to helping older persons cope with sensory loss. A bibliography is included.

Handbook for Senior Citizens: Rights, Resources and Responsibilities, by R. Walhof, 1981, 141 pages, \$5.95. American Brotherhood of the Blind, 1800 Johnson Street, Baltimore, MD 21230, (301) 659-9316.

This guide for older blind individuals and service providers describes blindness, emphasizing the experiences of older persons who have become blind later in life. It discusses housing, techniques of daily living, aids and devices, financial assistance, rehabilitation and library services, and other topics.

Publications on Disabled Elderly: Services

Developing Adult Day Care: An Approach to Maintaining Independence for Impaired Older Persons, by Helen Padula, 1982, 192 pages, \$15. National Council on Aging, Inc., 600 Maryland Avenue, S.W., West Wing 100, Washington, DC 20024, (202) 479-1200.

This book serves as a guide for developing new day care programs and for improving already existing ones. It answers a variety of questions: Does your community need a day-care center? Where should it be? Who will be served? What services will be offered? How is it funded? What should staff know?

Profiles of existing programs including forms and other worksheets are provided as well as bibliographies of related publications and audiovisual materials.

A related publication, also available from the Council, is *Adult Day Care: An Annotated Bibliography*, 1982, 25 pages, \$5. This comprehensive bibliography gives over 200 references related to adult day care, day treatment, and psychiatric outpatient services for older adults.

Nursing Homes/Long-Term Care, 1981, 39 pages, \$6.50. American Occupational Therapy Association, 1383 Piccard Drive, Suite 300, Rockville, MD 20850, (301) 948-9626.

This information packet, written for the practicing occupational therapist, lists books, journals, audiovisual materials, consultants, and other resources that provide information on the long-term care needs of disabled elderly persons. A similar information packet, following the same format, entitled *Geriatrics*, is also available for \$6.50.

Directory of Hospital Services for the Older Adult, Catalog Number 802070, 1982, 103 pages, \$7. American Hospital Association, P.O. Box 96003, Chicago, IL 60693, (312) 280-6381.

This book offers a state by state descriptive list of hos-

Consumer Health Information Source Book by Rees and Young, 1981, 450 pages, \$32.50. R. R. Bowker Publishing Company, 1180 Sixth Avenue, New York, NY 10036, (212) 764-5100.

This book provides a comprehensive annotated list of books, pamphlets, audiovisual materials, and resource organizations that offer information or services relating to such health topics as physical fitness, self help care, heart disease, health of the elderly, stroke, cancer, diabetes, mental health, and others. Includes a guide to pamphlet suppliers, audiovisual producers, and a directory of publishers indexed by author, title, and subject. A new edition of this directory is expected to be published in June 1984.

Health Services Directory by Kruzas, 1981, 628 pages, \$84. Gale Research Corporation, Book Tower, Detroit, MI 48225, (313) 961-2242.

This book lists and describes numerous programs which provide treatment care, and information in a variety of health-related areas. It includes information on services to the aged, long-term care centers, gerontology centers, adult day care centers, arthritis centers, cancer treatment centers, hospices, home health care services, and community information and referral services.

Publications on Disabled Elderly: Miscellaneous

A Handbook of Assistive Devices for the Handicapped Elderly: New Help for Independent Living by Joseph Breuer, 1982, 80 pages, \$20. Haworth Press, 28 East 22nd Street, New York, NY 10010, (212) 228-2800.

This illustrated book describes a broad array of devices designed to assist handicapped elderly persons. A major emphasis is given to devices to help the bedridden elderly with limited strength and mobility in performing activities of daily living. Devices are classified under such topics as sitting, communicating, dressing, eating, toileting, and walking. Each chapter has an accompanying bibliography.

Bibliography on Geriatric Exercises for the Elderly, one page, free. American Physical Therapy Association, Director, Information Central, 1111 N. Fairfax Street, Alexandria, VA 22314, (703) 684-2782.

This brief bibliography lists key books and materials that provide information on exercise programs for elderly persons with various functional limitations.

Therapeutic Activities for the Handicapped Elderly, by Hamill and Oliver, 1980, 295 pages, \$25.50. Aspen Systems Corporation, P.O. Box 6018, Gaithersburg, MD 20877, call toll free (800) 638-8437; in Maryland, (301) 251-5233.

Defining Disability: The Hows and the Whys

By Inez Marie Fitzgerald

Defining who is disabled is not an academic exercise. Definitions of what constitutes a disability have crucial impacts on the lives of individuals. Their livelihood depends on whether they fall under definitions determining eligibility for income. Programs for disabled individuals base their eligibility determination on definitions of their target population. Civil rights of handicapped people offer protection against discrimination to individuals falling within the scope of who is considered disabled under the 504 regulations.

Surveys and studies to determine prevalence and incidence have to arrive at definitions on who is to be included. Some rely on self-reported answers to questions, others on trained interviewers or medical documentation. Most definitions are operational ones for the purpose of the study or the focus on a specific target population. This makes comparisons among surveys problematic and makes it impossible to give an unequivocal answer to the question of how many disabled people there are in the U.S.

What is certain is that a significant percentage of the U.S. population, at least 10 percent, is affected by some degree of impairment. This has a profound impact on the range of educational opportunities available, acquisition of independent living skills, employability and employment success, access to transportation, the ability to participate in sports and recreation programs, and to share fully in family and community living.

Definitions and classification schemes on disability have mushroomed in the past decade. Some have attempted to be universal, serving a variety of purposes; others have been based on medical models, functional limitations, or service needs. What follows here is a closer look at some current major definitions, and how and why they were derived.

Perhaps the most general definition that has gained currency in recent years is that given in the regulations for Section 504 of the Rehabilitation Act of 1973 which defined a "handicapped individual" as "any person who (A) has a physical or mental impairment which substantially limits one or more of such person's major life activities; (B) has a record of such an impairment; or (C) is regarded as having such an impairment." This extremely broad, all encompassing conceptualization of disability ensures that no person will be excluded from the protection Section 504 offers against discrimination in federally assisted programs.

ket are important factors in determining eligibility for vocational rehabilitation services.

The Developmental Disabilities Assistance and Bill of Rights Act makes specific provisions for the definition of "developmental disability," which include age of onset, chronicity, and presence of substantive functional limitations in at least three of seven areas of major life activity.

Eligibility criteria of federal agencies are important definitions to consider, since they frequently serve as parameters of disability data collected. To a large extent, gaps in statistics are due to populations not served by major federal programs.

An excellent example of a comprehensive classification scheme is *International Classification of Impairments, Disabilities, and Handicaps*¹ published by the World Health Organization (WHO) in 1980. The monograph points out the inadequacy of the medical model of disease classification, since it does not embrace the full range of difficulties which disabled people encounter as a result of a physical or mental condition. WHO proposes a three-pronged classification system based on the three areas where disability affects functioning:

- 1) Impairments, which categorize physical or mental conditions at the **organ or system level**.
- 2) Disabilities, which group the consequences of impairments as they affect an individual's ability to carry out various types of activities. This part of the scheme enumerates the possibilities for diminished functioning at the **level of the person**.
- 3) Handicaps, which classify difficulties an individual may have in interacting with his or her surroundings, representing an effort to capture restrictions at the **level of the environment**.

The above publication suggests the use of the term "disablement" to include disadvantages experienced at all three levels of the classification system. The classification scheme was designed to record use of health or social care resources, and can be used by professionals in different disciplines. It is meant to encourage standardization in data collection and facilitate statistical comparisons.

In a World Rehabilitation Fund monograph funded through the National Institute of Handicapped Research, *People with Disabilities—Toward Acquiring Information Which Reflects More Sensitive Their Prob-*

... one individual with rheumatoid arthritis may be only mildly disabled and yet at a severe disadvantage, whereas another person with the same disease who is much more severely disabled may, perhaps because of greater support from the family or social network, experience considerably less disadvantage.

This subject factor is quite important in determining the degree of disability, especially when one takes into account the "handicap" dimension of the WHO classification system. For example, the "physical independence" variable categorizes functions many of which depend on the ability and willingness of disabled people to use aids to compensate for impairments. The availability of specific devices is another factor affecting categorization. Similarly, placement of an individual on the "occupation" scale depends not only on the nature of his or her customary employment, but also on the availability of alternative employment.

These views agree with those expressed in a *Rehab Brief* (April 1, 1978), "Who Is Severely Handicapped? The Need for a Workable Definition," a relevant topic due to the legislative mandate of the vocational rehabilitation program to "expand and improve services to handicapped individuals with the most severe handicaps" (P.L. 95-602, Sec. 101(5)(A)). As stated in the *Rehab Brief*:

Medical factors alone are insufficient for deciding who is severely disabled and will be a likely candidate for vocational rehabilitation and future employment. Additional factors such as functional capacities, age, job experience, geographical location, and education must also be considered.

Reflections of this sort are practical, not only because of implications for service delivery, but also because the subjectivity of disability definition affects responses to most of the surveys, which form the basis of our knowledge of the prevalence and incidence of disabling conditions.

¹ The monograph, *International Classification of Impairments, Disabilities, and Handicaps* is available at \$7.50 plus \$1.25 postage and handling from: WHO Publication Center, 49 Sheridan Avenue, Albany, NY 12210, (518) 436-9686.

New Regs

(Continued from page 5)

"The EPSDT program helps provide the kind of early medical care that is so important as a first step to lifelong better health," HHS Secretary Margaret Heckler said in announcing the new rules. "This program helps guarantee thorough early care for all of our nation's children, and it's an investment in the future good health of America, as well."

Funded in FY 1981 for an estimated \$52 million, EPSDT requires states to inform Medicaid families of the benefits of early childhood medical screening, and of the availability of this care under Medicaid. It provides for thorough check-ups, vision and hearing tests, referral to dental care, necessary immunizations and other care as appropriate.

The program has been in existence since 1969, but the new regulations would incorporate changes made by the Omnibus Budget Reconciliation Act of 1981, as well as other improvements. The proposal contains new provisions encouraging closer cooperation between state and medical professional groups in setting standards for the EPSDT program. Also included is a new "continuing care provider" section, under which a single physician would act as a child's doctor on a continuing basis.

"This continuing care provider option could be better for Medicaid children and for states and doctors as well," Secretary Heckler said. "Americans have traditionally sought the continuity of the 'family doctor,' and this new provision would help to better bring the benefits of continuing care to Medicaid children. At the same time, it would improve medical record-keeping by the physician and reduce the states' administrative burden, too."

The regulation would simplify state documentation requirements, consistent with the 1981 law.

HHS worked with states, health professional groups and other concerned parties as it developed the new proposal. These organizations were represented on a special EPSDT Technical Advisory Group, which included state Medicaid officials, other state agencies, the American Academy of Pediatrics, the American and National Dental Associations, and the Children's Defense Fund.



Micrographics Training Pays Off

Pictured above are three camera operators and a man who is preparing documents for filming. They are clients of Progress Industries, a private nonprofit rehabilitation center in Newton, Iowa. Services of a micrographics department at the center are used by hospitals, a police department, credit unions, churches, supermarkets, insurance companies and other businesses and organizations. The work is performed by people with various mental or physical handicaps who operate all kinds of micrographics equipment. Robert J. Mather, president of Progress Industries, said that the micrographics department is an ideal training ground for the clients, because there are different jobs that are progressively more difficult. Along with micrographics skills, the clients are taught appropriate work habits and attitudes, work adjustment, good behavior and work skills, attributes that are easily transferred to any number of plant and office jobs. Progress Industries places over 20 persons per year in competitive employment, and others are trained and ready for placement.

FY 1983 Funding Increases For Programs for Handicapped

The Supplemental Appropriations bill for Fiscal Year 1983, signed into law on July 30 (Public Law 98-63), appropriates extra money for special education, regional resource centers for the handicapped, independent living centers, and rehabilitation research centers.

An additional \$47.9 million was approved for the Education for All Handicapped Children Act (P.L. 94-142) State Grant Program, bringing the program's 1983 funding level to \$1.01 billion. The special education regional resource centers received an additional \$1.2 million under the supplemental appropriation. The Independent living center program received an additional \$2.1 million, with \$2 million of that amount earmarked for special recreation projects.

The National Institute of Handicapped Research appropriation was increased by \$1.5 million, to be used to establish two research and training centers, one focusing on pediatric rehabilitation at the University of Connecticut Health Center and the other on the rehabilitation needs of the Pacific Basin at the University of Hawaii. The \$1.5 million is in addition to the \$30 million already received by the Institute for FY 1983.

Two other programs that have an impact on the needs of handicapped individuals that received additional funds are the child nutrition program which received an extra \$118 million and the food stamp program which will benefit from a \$1.189 billion increase.

Learning Disabled Exempted from SAT

Massachusetts students with learning disabilities will not have to take Scholastic Aptitude Tests (SAT) to be accepted by public colleges and universities in that State, under a new law that is said to be the first of its kind in the nation.

The law, which was signed recently by Governor Michael S. Dukakis, exempts students with confirmed learning difficulties—including hearing and vision impairment and dyslexia—from having to take the tests. Instead, learning disabled students who want to go to a state school will be judged only on such things as high school academic achievement and teacher or guidance counselor recommendations.

In signing the law, Governor Dukakis stated, "This legislation will end unfair practices that have been

Announcements

The DeBolts Win Courage Award

Robert and Dorothy DeBolt of Piedmont, California, have six natural children and have adopted several more children, some with severe disabilities. Because of their determination to raise their children, many of whom are considered unadoptable, to live independently with confidence and dignity, the DeBolts have been named winners of the 1983 national Courage Award.

The award is presented annually by the Courage Center, a nonprofit United Way organization in Minnesota, which provides rehabilitation and independent living programs for people with physical disabilities and speech, hearing and vision impairments. The award honors individuals who have made a significant impact on a national level in improving attitudes toward and services provided to individuals with physical disabilities.

The DeBolts were considered for the award for their 27 years of adopting and raising children. They also head an agency called "Aid to Adoption of Special Kids" which promotes and sponsors adoption of hard to place children.

Training Institute Announced On Clinical Infant Programs

The National Center for Clinical Infant Programs has announced its Third Biennial Training Institute to be held at the Washington Hilton Hotel in Washington, DC on December 2-4, 1983. The theme of the Training Institute is "Infants Can't Wait: Clinical Challenges of the Eighties."

The National Center is a nonprofit, tax-exempt corporation established in 1977 by professional and community representatives from the fields of mental health, pediatrics, child development, and related fields in order to improve and support professional initiatives in infant mental health and development. The core of the Training Institute will consist of four in-depth case presentations illustrating clinical approaches to infants and parents facing contemporary stresses. Presentations will focus on the way societal, familial, and biological factors interact to create a threat to healthy development for a particular infant and family. Presentations will also illustrate the variety of diagnostic and therapeutic approaches clinicians can use in understanding and helping such children and their parents.

1984 International Games for the Disabled

The third International Games for the Disabled, an olympic type competition for the top amputee, blind, cerebral palsied, and les autres (others) athletes in the world, have been scheduled for June 16-30, 1984, in Nassau County, New York. The games are traditionally held in the country that hosts the "able bodied olympics." Thus, the 1988 games are tentatively scheduled for Korea.

Participants in the 1984 games will be 1500 athletes who were chosen to represent their countries in track and field events, swimming, weight lifting, archery, soccer, wheelchair soccer, bocci-ball, wrestling, volleyball, riflery, goal ball, table tennis, horseback riding, and cycling, and others.

The "Les Autres" group is competing internationally for the first time in 1984. The members are disabled athletes who are not eligible to participate in the established disabled sports program (i.e., multiple sclerosis, muscular dystrophy, arthrogryposis, and dwarfism).

The games will revolve around Nassau County's new Mitchel Park Athletic Complex, Nassau Community College, Hofstra University, and other surrounding universities and facilities. The host organizations are the National Association of Sport for Cerebral Palsy, United States Amputee Athletic Association, and United States Association for Blind Athletes.

The Games Director is Michael Mushett, 1984 International Games for the Disabled, c/o Special Populations Unit, Eisenhower Park, East Meadow, NY 11554, (516) 542-4493.

Olympic Guidebook Planned

A resource guidebook for people with disabilities is being developed for use during the 1984 Olympics to be held in Los Angeles, California. The book is a joint venture of the Occupational Therapy Association of California and the Los Angeles Comprehensive Rehabilitation Center, and will be available early in 1984. It will provide information on hotels, restaurants, and other major Los Angeles and Orange County entertainment attractions.

The guidebook will also include a "survival" section with listings of medical facilities and information on wheelchair repair shops, temporary parking permits,

Disaster Planning for Handicapped and Elderly

"Preparing for Disaster—Emergency Planning for Disabled and Elderly Persons" is the topic of a one-day conference to be held on October 28, 1983, in Washington, D.C. Some of North America's leading experts on emergency planning will provide the most up-to-date information on what to expect when disaster strikes, the newest technology to be applied to fire safety, and what post disaster recovery assistance is available. The conference will be co-sponsored by the Federal Emergency Management Agency, the Administration on Aging, and the President's Committee on Employment of the Handicapped (PCEH). For further information contact: Edmond Leonard, Program Director, PCEH, 1111 20th Street, N.W., Washington, DC 20036, (202) 653-5079.

Special Tours U.S. Capitol

The Senate Sergeant at Arms has announced the opening of a Special Services Office in the U.S. Capitol which will provide tours of the Capitol to handicapped people. The Office will also be developing ways to make the Capitol and the Senate more accessible to handicapped individuals.

Special tours are available by appointment for the following groups: hearing-impaired; hearing/visually-impaired; mentally retarded; visually-impaired; and wheelchair users. To schedule a tour, contact: Brenda Velez, Office of the Sergeant at Arms, U.S. Senate, Room S-321, The Capitol Building, Washington, DC 20510, (202) 224-4048 (voice), or (202) 224-4049 (TDD).

Database Transfer

Mental Health Abstracts, a database originally prepared by the National Clearinghouse for Mental Health Information, which is no longer in operation, is now being produced by IFI/Plenum Data Company. Mental Health Abstracts contains information on all aspects of mental health and mental illness, including psychology, psychiatry, social issues, epidemiology, child development, crime and delinquency, and aging. Mental retardation is also covered.

The file is international in scope and contains articles, books, research reports, dissertations, law school reviews and journals, and program data. Over 1,000 peri-

Health Abstracts through DIALOG Information Retrieval Service, 3460 Hillview Avenue, Palo Alto, CA 94304, (800) 227-1960; (800) 982-5838 in California. In addition, numerous information centers, universities, libraries, and other organizations having access to DIALOG perform searches of Mental Health Abstracts.

Teacher-Training Film Now Available

The American Federation of Teachers has produced a teacher-training film, "The ABC's of Teaching the Learning Disabled Student." The film and its accompanying training manual are designed to help educators teach learning disabled students through the use of various exercises that require active participation on the part of the viewing audience. Using a case study format, the film describes various types of learning disabilities and emphasizes effective instructional techniques that work well with each type. Minor adaptations of classroom materials that require little or no preparation time for the teacher and alternative methods for evaluating the performance of the learning disabled student are highlighted.

The film is available for purchase or for three-day rental. The rental fee is \$50 plus a \$50 refundable deposit. The purchase price is \$300 for 16 mm film and \$100 for video cassette. For further information, contact: Carolyn Trice, Assistant Director, AFT Educational Issues Department, 11 Dupont Circle, N.W., Washington, DC 20036, (202) 797-4400.

Decade of Disabled Awareness Campaign

The National Organization on Disability has recently released the second in a series of six posters in its first major public awareness campaign of the Decade of Disabled Persons. The posters are intended to publicize the potential of individuals with disabilities and the goals of the Decade.

The current poster features Sarah Jane Doherty, an occupational therapist in Portland, Oregon. Each poster depicts a disabled person who is participating fully in an activity or occupation of importance to him/her.

The first poster featured 10-year-old Ernestina Verdusco of San Francisco, who lost her legs when she was four. The remaining posters will picture a professor who is blind, a truck driver who is paraplegic, a corporate executive with a hearing impairment, and a wheelchair user at the ballot box.

HOME HEALTH

A Community Guide, the fourth in a National HomeCaring Council series *A Better Answer... Homemaker-Home Health Aide Services for the Person with Developmental Disabilities and Family*, is based on a federally funded demonstration project conducted in Michigan during 1982 and 1983. The goal of the project, funded by the Administration on Developmental Disabilities, was to show how agencies providing homemaker-home health aide services and agencies serving people with developmental disabilities can enhance the quality of life for developmentally disabled persons through the use of specially trained and professionally supervised homemaker-home health aides. The handbook outlines the planning and service delivery process used in the project, points out obstacles a community is likely to encounter in replicating the program and suggests how these difficulties can be overcome, and shows how existing public funds can be tapped for these services. *A Community Guide*, a 50-page soft-cover book, is available at \$8.50 from: National HomeCaring Council, 235 Park Avenue South, New York, NY 10003, (212) 674-4990. The first three publications in the series are *A Manual for Instructors*, a curriculum for improving the skills of experienced aides in working with this population; *A Handbook for Aides*, to help aides, parents, and other laypersons understand how people with developmental disabilities and their families cope with everyday problems; and *Guidelines*, which describes the actions needed at the local, state and national levels to improve home care services for people with developmental disabilities.

SELF-ADVOCACY TRAINING

Whatever You Decide! is a workbook of teaching techniques and lesson plans to help group home and day program staff, educators and advocates learn how to involve retarded people in making decisions and asserting their human rights. The author, Jennifer Mohr, has developed an Outreach/Education Program at Advocating Change Together, Inc., (ACT) which serves approximately 500 people with 150 staff members at 50 locations in the Minneapolis area. ACT was founded by a group of mentally retarded people, their advocates, and other members of the community, and the workbook is based on their research and experience as they visited residences and day programs for the past three years. To order the workbook, send \$7.50 (Minnesota residents add 6% sales tax), plus \$.75 postage to: Advocating Change Together, 1509 Nicollet Avenue, Minneapolis, MN 55403, (612) 874-1133.

INTERPRETER LAWS

A Compilation of State Interpreter Laws is a 14-page photocopied list of state laws for interpreters for the deaf by state, statute, scope, method of payment, and qualifications. It provides information on the circumstances under which an interpreter must be provided in each state. (e.g., court, jury or administrative proceedings). Nearly every state has statutes relating to provision of interpreters, ranging from general to very specific. The paper is available at \$1.40 from: National Center for Law and the Deaf, 800 Florida Avenue, N.E., Washington, DC 20002, (202) 651-5457.

INDEPENDENT LIVING

Independent Living Rehabilitation: program development, management, and evaluation by B. Douglas Rice, Richard T. Roessler, Reed Greenwood, and Lex Frieden is the result of a joint study between the Arkansas Rehabilitation Research and Training Center and the Institute for Rehabilitation and Research in Houston, Texas. The book is designed for use by staff development personnel and other trainers in presenting an orientation to independent living programming for rehabilitation agencies and other human service organizations. The three units of the book present detailed information on independent living from definition to legislation to model programs through evaluation, with a closing unit on vocational rehabilitation. To order this 82 page manual, a check for \$4 payable to Arkansas Rehabilitation Research and Training Center should be sent to: Publications Department, ARR&TC, P.O. Box 1358, Hot Springs, AR 71901.

An edited version of the above text is being developed as a script for a tape/slide presentation. For further information about the presentation, contact: Lex Frieden, The Institute for Rehabilitation and Research, 1333 Moursund Avenue, Houston, TX 77030.

HEARING IMPAIRMENT

New Trends for Instructing Deaf People—'83 is a catalog of educational resources designed for professionals who work with hearing-impaired and deaf people. The catalog lists materials related to audiology, captioning, communication, deaf awareness, interpreting, mainstreaming, reading, speech and speech reading. It also lists new videotapes of terminology for career preparation in the fields of business, engineering, science, photography, art, printing and data processing.

NEW PUBLICATIONS

PRESCHOOL EDUCATION

Educating Young Handicapped Children: A Developmental Approach (2nd edition) by S. Gray Garwood is written for special educators, developmental and school psychologists, and other members of the interdisciplinary teams responsible for identifying and treating very young children. It includes information about the causes and consequences of specific handicaps and helps plan effective intervention strategies for young children with sensory, physical, behavioral, and cognitive impairments. Chapter one covers special education and child development: a new perspective. Three chapters are devoted to physical development, three to cognitive development, and six to social development, with new chapters on curriculums for young handicapped children, understanding and communicating with families of handicapped children, and intervention models in early childhood special education. The book includes tests and curricular approaches for assessing sensorily impaired children and working with visually impaired children. This 563 page hardcover book is available at \$28.95 postpaid (Maryland add 5% sales tax) or on 30 day approval. Contact: Aspen Systems Corporation, P.O. Box 6018, Gaithersburg, MD 20877. Call toll-free, (800) 638-8437; In Maryland call (301) 251-5233.

MENTAL RETARDATION

Communicating with Mentally Retarded Persons: Asking Questions and Getting Answers is a summary of five years of research regarding the nature of information provided by mentally retarded individuals when utilizing various interview techniques. Funded by the Rehabilitation Services Administration, the studies included both children and adults with varying intellectual levels residing in community or institutional settings. The intention was to investigate the ability of retarded persons to answer questions and the reliability and validity of their answers; to compare their perspectives with those of the nonretarded individuals (e.g., parents) who often speak for them; and to obtain information about the needs, circumstances, and attitudes of retarded persons as well as guidelines for constructing interview schedules in the future. The book is directed toward researchers and others who conduct in-

Marketing

(Continued from page 7)

VR personnel, Ms. Spann asserts, are not being asked to hard sell their product, smoothing over inadequacies with rhetoric. "Marketing is a management tool," she writes, "which is really consumer satisfaction engineering." The basic switch in emphasis is from a client-based approach to a consumer or employer-based approach. However, the client and the employer or consumer are both winners in this process—the client wins a job for which he or she is adequately and carefully prepared and which offers upward mobility as well, and the employer because he has acquired a valued product—an employee who fits his needs and has been carefully screened and trained.

Ms. Spann carefully takes her readers through all the steps necessary to begin the marketing process. Topics covered include: What Is Marketing, A Conceptual Framework for Marketing in a VR Agency, Planning Marketing, and The Marketing Audit.

Marketing: An Approach to Placement, by David Corthell and Linda Boone, is available from the Research and Training Center, Stout Vocational Rehabilitation Institute, University of Wisconsin-Stout, Menomonie, WI 54751, at \$8 a copy.

In this report the authors propose "an approach to placement that coexists with the one-on-one approach of placement." However, the authors warn that marketing is not a PR adjunct. In adjusting a VR program to a marketing strategy everyone in the organization needs to be involved. "The marketing approach relieves some of the burden of placement from counselors. It advocates significant involvement of administrators, supervisors and middle managers."

The publication takes the reader through the detailed steps in market analysis, product strategy, marketing strategies, labor and the marketing concept, and implications for vocational rehabilitation agencies.

Interpreter Training Program

A grant program that supports ten training centers designed to increase the number of skilled interpreters for the deaf is administered by the Office of Special Education and Rehabilitative Services. These programs were awarded funds for a three year period beginning in September 1982. Several states are served by each training project. During the first year of training, some states were not served by the projects; this situation has been remedied with the awards for the second year of training, beginning in September 1983.

A list of the training programs with the states now served by each follows:

(Colorado, Wyoming, New Mexico, Texas)
Community College of Denver
North Campus
3645 West 112th Avenue
Westminster, CO 80030
(303) 466-8811

(District of Columbia, Virginia, Maryland, Delaware, New Jersey, New York, Connecticut, Rhode Island)
Gallaudet College
800 Florida Avenue, N.E.
Washington, DC 20002
(202) 651-5632

(Kansas, Missouri, Iowa, Nebraska, Oklahoma, Arkansas)
Johnson County Community College
College Boulevard at Quivira Road
Overland Park, KS 66210
(913) 541-3830

(Michigan, Ohio, West Virginia, Pennsylvania)
Madonna College
36600 Schoolcraft Road
Livonia, MI 48150
(313) 591-5132

(New Hampshire, Vermont, Maine, Massachusetts)
Merrimack Valley College
Rt. 4, Hackett Hill Road
Manchester, NH 03102
(603) 668-0700

(California, Nevada, Arizona, Utah)
Ohlone College
Fremont-Neward Community College District
43600 Mission Boulevard
Fremont, CA 94538
(415) 657-2167

(Minnesota, North Dakota, South Dakota, Montana)
St. Paul TVI
Program for Deaf Students
235 Marshall Avenue
St. Paul, MN 55103
(612) 221-1339

(Tennessee, Kentucky, North Carolina, South Carolina, Mississippi, Alabama, Georgia, Florida, Louisiana)
University of Tennessee
College of Education
Department of Special Education and Rehabilitation
Claxton Education Building
Knoxville, TN 37916
(615) 974-2321

(Wisconsin, Indiana, Illinois)
University of Wisconsin-Milwaukee
Department of Exceptional Education
P.O. Box 413
Milwaukee, WI 53201
(414) 963-5251

Disabled Elderly

(Continued from page 12)

The 36-Hour Day: The Family Guide for Caring for Persons with Alzheimer's Disease, Related Dementing Illnesses, and Memory Loss in Later Life, by Mace and Rabins, 1982, 272 pages, \$8.95. National Council on Aging, Inc., 600 Maryland Avenue, S.W., West Wing 100, Washington, DC 20024, (202) 479-1200.

This book was written specifically for the families of persons suffering from dementing illnesses. It combines practical advice with specific examples of ways to deal with symptoms, and discusses problems that may arise and suggests ways in which the family can protect the persons from self-injury, injury to others, household hazards, and unrecognized physical ailments.

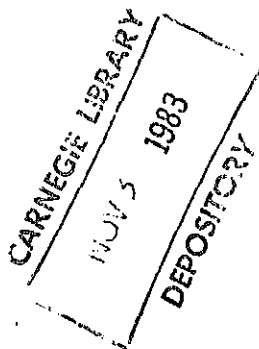
Easier Way: Handbook for the Elderly and Handicapped by Gean Sargent, 1981, 223 pages, \$11.50. Iowa State University Press, 2121 South State Avenue, Ames, IA 50010, (515) 294-5280.

This book describes devices and adaptations both commercially available and homemade to help elderly disabled persons who want to remain as independent as possible. It is arranged by subjects such as cooking, cleaning, bathroom, dressing, grooming, relieving



Official Business
Penalty for Private Use, \$300

SECOND CLASS



NOTICE

This is the last issue of *Programs for the handicapped* which is being mailed on our old key.

The Nov./Dec. issue will go **ONLY** to people who have resubscribed.

